

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042010

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10209

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4220 Virginia Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>C.</b> Last <b>Schoemehl</b>		4. DATE OF DEATH Month <b>October</b> Day <b>12</b> Year <b>1963.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/27/1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	
11. BIRTHPLACE (City and state or country) <b>Moselle, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Herbort</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Schnieder</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph Schoemehl</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>904-0-21</b>		17. INFORMANT <b>Miss Clara C. Schoemehl</b> Address <b>4220 Virginia Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis (left) &amp; Hemiplegia</b> DUE TO (b) <b>Fracture of left hip (Op)</b> DUE TO (c) <b>Hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>10 days</b> <b>10 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:00</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>Sept 27 63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis,</b>	
20g. COUNTY <b>Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>Sept 27 '63</b> to <b>October 12 63</b> and last saw her alive on <b>Oct 12 63</b> Death occurred at <b>1:30 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Paul K. Smith, M.D.</b>	
22b. ADDRESS <b>721 Olive St. St. Louis, Mo.</b>		22c. DATE SIGNED <b>10-13-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 15, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter and Paul Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary,</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 14 1963</b>	
26. REGISTAR'S SIGNATURE <b>Paul Smith, M.D.</b>		27. ADDRESS <b>2842 Maramec St. St. Louis, Mo.</b>	

63118

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Joe B. Benz*

Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, Mo. 63118

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.